

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10069723

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6			1			
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50						
TOTAL IND.		2		2		
TOTAL DEP.		13		13		
TOTAL CLAIMS		15		15		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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